

City Council Contract Agenda Items Review Checklist

Reviewer: _____

Date Received: 12/1/15Date: 12/1/15Department Fire and Police Division: Fire Fighting, EMS and PoliceDept Head/Contact Person: Eric Jones Phone No.: 313-596-2901Description: Time extension of uniform contract with Enterprise

brief explanation of function or need of the goods/services

Contract No.: 2874673 A-2 PO Type: Prof Svc-CPO___ Est. Value: \$400,000

Contract Term (if applicable): January 1, 2016 thru June 30, 2016

Funding: City 100% State _____% Federal _____% Other: _____%

(Documentation must be furnished by the Dept. if anything other than City funding)

Recommended Supplier: Enterprise Required Date: 01/01/16

(Police)

1000-240110-000087-623100-00715-000000-A1040 (Fire) 1000-370675-000165-623100-00119-00006 Month: Extension of time and moneyPolice A-1081

1. The business being awarded is renewal-time extension If a renewal, provide justification for renewal: Additional time needed for new city wide uniform contract bidding and award

2. Was the product or service competitively bid? ☐ Yes ☒ No

Attach Copy of Bid Tabulation/Evaluation score sheets as needed

If the answer to #2 is "NO" explain why there was no competition: extension only

3. Was a Co-Operative Agreement Considered? ☐ Yes ☒ No Co-Operative Name: _____

If answer to #3 is "No" explain why a Co-Op was not considered: Time extension - 6 months money/

4. Were savings achieved?

☐ Yes Amount \$_____ ☒ No

5. Does this agreement represent an increase? no

☐ Variance in unit price only (Current unit price \$0.00 Proposed Unit Price \$0.00)☐ Change in amount/volume of the good or service to be used.

6. Does the supplier currently provide other goods and services to the City? Yes X No

If yes please list: MPD, POLICE, FIRE, DDOT

7. Is this good/service used by other departments? Yes X No

If "yes" can this Req/PAR be combined other department requirements? Yes No

8. Is this a service that can be performed by City employees? ☐ Yes X No

Is this a service that City employees can be trained to do? ☐ Yes X No

NOTES:

Buyer: 

a. Excluded Parties List / Supplier Award Management Website Reviewed? ☒ Yes / No ☐

☐

PLACE ON EMERGENCY MANAGER AGENDA

☐

PLACE ON CITY COUNCIL AGENDA

☐

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED:  DATE: 12/1/15
(Department)

INFORMATION PROVIDED BY: Debra Brawley

TITLE: General Manager

PHONE: 313-596-2904



BID TABULATION

ASSUMPTIONS				Supplier 1				ASSUMPTIONS				Supplier 2				ASSUMPTIONS				Supplier 3			
D-BB's				Enterprise Uniforms 2862 East Grand Blvd. Detroit, MI 48202				D-BB's								D-BB's							
D-RB's								D-RB's								D-RB's							
D-BB's w/HQ in Detroit								D-BB's w/HQ in Detroit								D-BB's w/HQ in Detroit							
D-BSB's								D-BSB's								D-BSB's							
D-BMBC								D-BMBC								D-BMBC							
Joint Venture								Joint Venture								Joint Venture							
Mentor Venture								Mentor Venture								Mentor Venture							
Shirts, long sle. 14-17 1/2	1		\$55.95		\$55.95																		
Shirts, long sle. 18-21 1/2	1		\$63.95		\$63.95																		
Shirts, long sle. 22-22 1/2	1		\$66.95		\$66.95																		
Shirts, Short sle. 14-17 1/2	1		\$52.95		\$52.95																		
Shirts, Short sle. 18-21 1/2	1		\$59.95		\$59.95																		
Shirts, Short sle. 22-22 1/2	1		\$69.95		\$69.95																		
Crown Hats	1		\$42.95		\$42.95																		
Purchase order TOTAL					\$412.65			Purchase order TOTAL								Purchase order TOTAL							
UP TO \$10,000.00	0.05				\$20.63			UP TO \$10,000.00	0.05							UP TO \$10,000.00	0.05						
\$10,000.01-\$100,000.00	0.04				\$0.00			\$10,000.01-\$100,000.00	0.04							\$10,000.01-\$100,000.00	0.04						
\$100,000.01-\$500,000.00	0.03				\$0.00			\$100,000.01-\$500,000.00	0.03							\$100,000.01-\$500,000.00	0.03						
\$500,000.01 AND OVER	0.02				\$0.00			\$500,000.01 AND OVER	0.02							\$500,000.01 AND OVER	0.02						
D-RB's					\$0.00			D-RB's								D-RB's							
D-BB's w/HQ in Detroit	0.03				\$0.00			D-BB's w/HQ in Detroit	0.03							D-BB's w/HQ in Detroit	0.03						
D-BSB's	0.01				\$0.00			D-BSB's	0.01							D-BSB's	0.01						
D-BMBC	0.02				\$0.00			D-BMBC	0.02							D-BMBC	0.02						
Joint Venture	0.02				\$0.00			Joint Venture	0.02							Joint Venture	0.02						
Mentor Venture	0.01				\$0.00			Mentor Venture	0.01							Mentor Venture	0.01						
BID TABULATION GRAND TOTAL:					\$412.65			BID TABULATION GRAND TOTAL:								BID TABULATION GRAND TOTAL:							

This bid tab is to show the price per item only.

Oct 15 2014 9:17PM

ENTERPRISE UNIFORM CO

3138718319

P.3



REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: PURCHASINGE-MAIL ADDRESS: gainesy@detroitmi.govCONTACT NAME: YOLANDA GAINESPHONE: 224-4612FAX: 628-1160

Type of Clearance:

☐ New☒ Renewal (Please submit 30 days prior to submitting bid or expiration date)

To:
A. City of Detroit
Income Tax Division
Coleman A. Young Municipal Center
2 Woodward Avenue, Rm. 512
Detroit, MI 48226

For:
Individual or
Company Name ENTERPRISE UNIFORM CO.

Address 2862 E. GRAND BLVD.
DET., MI. 48202

Phone: (313) 224-3328 or 224-3329
Fax: (313) 224-4588

City: DETROITState: MICHIGANZip Code: 48202Telephone: 313- 871-4667Fax #: 313- 871-8319E-mail Address: enterpriseuniform@gmail.com

B. Name of Chief Financial Officer/Authorized Contact Person
(Include address if different from above)

Lynne Burgess-Holmes

Telephone #: 313/ 871-4667Fax #: 313/ 871-8319

Employer Identification or Social Security Number
38-2211610

Spouse Social Security Number

Nature of Contract: POLICE UNIFORMS2874673

BID CONTRACT AMOUNT (If known):

Labor: \$ 5000.00 Material: \$ 45,000.00Contract # (If known): 2874673

C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE.

Check One:

☐ Individual☒ Corporation☐ Partnership☐ Estate & Trust

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4

1. Have you filed joint returns with spouse during the last seven (7) years? (If yes, include spouse SSN above)
2. Are you a student, and/or claimed as a dependent on a someone else's tax return?
3. Were you employed during the last seven (7) years?
4. Were you a resident of Detroit during the last seven (7) years?

☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7

5. Is the company a new business in Detroit? If yes, attach Employer Registration (Form DERS-4).
6. Will the company have employees working in Detroit?
7. Will the company use sub-contractors or independent contractors in Detroit?

☐ Yes ☒ No☒ Yes ☐ No☐ Yes ☒ No

D. FOR INCOME TAX USE ONLY

Has the contractor complied with the provisions of the City Income Tax Ordinance?

☒ Yes ☐ No

Signature

LUCRETIA JENNINGS

Date

OCT 27 2014

Expires

OCT 27 2015

☐ Yes ☐ No

Signature

LUCRETIA JENNINGS

Date

NOV 24 2015

Expires

NOV 24 2016

☒ Yes ☐ No

Signature

LUCRETIA JENNINGS

Date

NOV 24 2015

Expires

NOV 24 2016

To check the status of a clearance, please call (313) 224-3328 or (313) 224-3329
VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT www.detroitmi.gov

NOTE: An approved Income Tax Certificate may be used in multiple city wide departments that require a bid.

CITY OF DETROIT

ACCOUNTS RECEIVABLE CLEARANCE APPLICATION
 2 WOODWARD AVENUE, SUITE 105, COLEMAN A YOUNG MUNICIPAL CENTER
 REVENUE COLLECTIONS UNIT (313) 224-4087 / FAX: 224-4238 / RevenueCollections@DetroitMi.gov

☐ SECTION A: BUSINESS LICENSE BUDGET CITY COUNCIL DDOT DPW FINANCE FIRE HEALTH
 HUMAN RIGHTS LAW MAYOR OMBUDSMAN PLANNING & DEVELOPMENT POLICE PURCHASING
 RECREATION WATER & SEWAGE OTHER

ADDRESS OF DEPARTMENT _____
 DATE SENT _____ CONTACT PERSON _____
 PHONE NUMBER _____ FAX NUMBER _____ EMAIL _____
 CONTRACT AMOUNT \$ _____

☒ SECTION B: CORPORATIONLICENSE TYPE **CONTRACT RENEWAL**CORPORATION NAME **ENTERPRISE UNIFORM CO.**ADDRESS **2862 E. GRAND BLVD.** CITY/STATE/ZIP **DET., MI. 48202** ☒ OWN ☐ LEASECITY PERSONAL PROPERTY NUMBER **03990285.00** FID / EIN NUMBER **38-2211610**

OTHER CITY-OWNED PROPERTY PARCELS _____

CONTACT PERSON **LYNNE BURGESS-HOLMES** PHONE NUMBER **313/ 871-4667** EMAIL ADDRESS **enterpriseuniform@gmail.com**☐ SECTION C: PARTNERSHIP

LICENSE TYPE _____

BUSINESS NAME _____

BUSINESS ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE

CITY PERSONAL PROPERTY NUMBER _____ FID / EIN NUMBER _____

A: PARTNER'S NAME _____ PHONE NUMBER _____

HOME ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE

DRIVER'S LICENSE # _____ OTHER CITY-OWNED PROPERTY PARCELS _____

B. PARTNER'S NAME _____ PHONE NUMBER _____

HOME ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE

DRIVER'S LICENSE # _____ OTHER CITY-OWNED PROPERTY PARCELS _____

CONTACT PERSON _____ PHONE NUMBER _____ EMAIL ADDRESS _____

☐ SECTION D: SOLE PROPRIETORSHIP

LICENSE TYPE _____

BUSINESS NAME _____

BUSINESS ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE

CITY PERSONAL PROPERTY NUMBER _____ FID / EIN NUMBER _____

OWNER'S NAME _____ DRIVER'S LICENSE # _____ PHONE NUMBER _____

HOME ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE

OTHER CITY-OWNED PROPERTY PARCELS _____

EMAIL ADDRESS _____

☐ SECTION E: PERSONAL SERVICESNAME _____ ADDRESS _____ ☐ OWN ☐ LEASE

CITY/STATE/ZIP _____

PHONE NUMBER _____ DRIVER LICENSE # _____

OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT _____

SOCIAL SECURITY NUMBER _____ EMAIL ADDRESS _____

FOR TREASURY COLLECTION USE ONLY:

APPROVED _____ DENIED _____

SIGNATURE

DATE

SEP 03 2015

DENIED WITH ATTACHMENTS

CLEARANCE VALID UNTIL

JAN 15 2016

REVENUE COLLECTIONS
 APPROVED
 CONTRACT CLEARANCES

REVISED 7-12-2012
COVENANT OF EQUAL OPPORTUNITY
(Application for Clearance – Terms Enforced After Contract is Awarded)

I, being duly authorized representative of the Enterprise Uniform Co. (hereinafter "Contractor"), am hereby authorized to enter into a Covenant of Equal Opportunity, (hereinafter "Covenant") with the City of Detroit, ("hereinafter" City); obligating the Contractor and all sub-contractors not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his/her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression; except as otherwise exempted under City Code, Ordinance No. 27-2-12.

Contractor will ensure that the City of Detroit Human Rights Department shall receive notification of all potential sub-contractors and a copy of their Covenant prior to the commencement of work on any City of Detroit contract. Contractor further agrees that the City of Detroit reserves the right to require additional information prior to, during, and at any time after the Covenant is fully executed.

Furthermore, Contractor agrees that this Covenant is valid for the life of the contract and/or for a specified period of time as indicated below and that a breach of this Covenant shall be deemed a material breach of contract and be subject to damages pursuant to City Code, Ordinance No. 27-3-2, Section (e).

RFQ / PO No.: (if applicable) 2874673

Duration of Covenant 6 MONTHS

Printed Name of Contractor/Organization ENTERPRISE UNIFORM CO.
 (Type or Print Legibly)

Contractor Address: DETROIT MI 48202
 (City) (State) (Zip)

Contractor Phone/E-mail 313/ 871-4667 enterpriseuniform@gmail.com

Printed Name & Title of Authorized Representative LYNNE BURGESS-HOLMES

Signature of Authorized Representative *Lynne Burgess-Holmes*
 Date 8/28/15

*** This document MUST be notarized ***

Signature of Notary: *Riley Dortch*

Printed Name of Seal of Notary: RILEY DORTCH

My Commission Expires: / /

RILEY DORTCH
 NOTARY PUBLIC, STATE OF MI
 COUNTY OF WAYNE
 MY COMMISSION EXPIRES Sep 14, 2021
 ACTING IN COUNTY OF Wayne

FOR CONTRACTING DEPARTMENT USE ONLY:

Date Rec'd: / / Received by: Title:

Please fax a copy of the notarized Covenant and Award Letter to the Human Rights Department (313) 224-3434



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 8/31/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Buhl Insurance A Daly Merritt Company 3701 West Road Trenton MI 48183		CONTACT SBU REP/PC NAME: PHONE (A/C No. Ext): (734) 676-0100 FAX (A/C No.): (734) 676-1159 E-MAIL ADDRESS:															
INSURED ENTERPRISE UNIFORM INC 2862 E GRAND BLVD DETROIT MI 48202-3130		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A Harleysville Lake States Ins</td> <td>14516</td> </tr> <tr> <td>INSURER B Accident Fund General</td> <td>12304</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A Harleysville Lake States Ins	14516	INSURER B Accident Fund General	12304	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:																	
INSURER D:																	
INSURER E:																	
INSURER F:																	

COVERAGES

CERTIFICATE NUMBER: CL1583109899

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		BOP00000070976B	5/16/2015	5/16/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<input type="checkbox"/> RETENTION \$ 10,000		CMB00000041078K	5/16/2015	5/16/2016	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
			WCV0314621	5/16/2015	5/16/2016	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate holders are additional insured with respects to the General Liability to the extent provided in form # BP04500106.

CERTIFICATE HOLDER
CANCELLATION

 City of Detroit
 Detroit Police and Detroit Fire Departmen
 1301 Third Avenue
 Detroit, MI 48226

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Benjamin Brown/BBROWN

ACORD 25 (2010/05)

INS025 (2010/05) 01

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Hiring Policy Compliance Affidavit

I, LYNNE BURGESS-HOLMES, being duly sworn, state that I am the _____
PRESIDENT of ENTERPRISE UNIFORM CO.
 Title Name of Bidder Corporation or Other Business Entity

and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18-5-81 through 18-5-86 thereof. I further affirm that this employer will not inquire or consider the criminal convictions of applicants for employment needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted, until such times as the employer interviews the applicant or determines that the applicant is qualified.

In support of this affidavit, I attach a copy of the application form that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

SIGNED,

Lynne Burgess-Holmes
 Title: PRESIDENT Date: 8/28/15

STATE OF MICHIGAN)
) SS
 COUNTY OF WAYNE)

The foregoing Affidavit was acknowledged before me the 31ST day of AUGUST, 2015,
 by _____.

Notary Public, County of Wayne

State of Michigan

My commission expires: SEP 14, 2021

RILEY DORTCH
 NOTARY PUBLIC, STATE OF MI
 COUNTY OF WAYNE
 MY COMMISSION EXPIRES Sep 14, 2021
 ACTING IN COUNTY OF Wayne

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: ENTERPRISE UNIFORM CO.
2. Address of Contractor: 2862 E. GRAND BLVD.
DET., MI. 48202
3. Name of Predecessor Entities (if any): -0-
4. Prior Affidavit submission? No X Yes, on: 11-18-14
 (Date of prior submission)

If "No", complete Items 5 and 6.

If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.

5. Contractor was established in (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.
- Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.
- Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in the attached document(s).
6. I declare that the representations made in this Affidavit are accurate to the best of my knowledge and are based upon a diligent search of records in the Contractor's possession or knowledge. All documentation attached to this Affidavit reflects full disclosure of all records that are required to be disclosed to the City of Detroit. I also acknowledge that any failure to conduct a diligent search, or to make a full and complete disclosure, shall render this contract voidable by the City of Detroit.

LYNNE BURGESS-HOLMES (Printed Name) PRESIDENT (Title)

Lynne Burgess-Holmes (Signature) 8/28/15 (Date)

Subscribed and sworn to before me
 this 31 day of AUGUST

2015

Notary Public, Wayne County, Michigan
 My Commission expires: Sept 14, 2021

RILEY DORTCH
 NOTARY PUBLIC, STATE OF MI
 COUNTY OF WAYNE
 MY COMMISSION EXPIRES Sep 14, 2021
 ACTING IN COUNTY OF Wayne



ENTERPRISE UNIFORM COMPANY

2862 EAST GRAND BOULEVARD • DETROIT, MICHIGAN 48202

PHONE: (313) 871-4667 • FAX: (313) 871-8319

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		DATE	
		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				

Search Results - System for Award Management - Windows Internet Explorer

View assistance for Search Results

SAM
System for Award Management

USER NAME: PASSWORD:
Forgot Username? Forgot Password? [Create An Account](#)

[HOME](#) [SEARCH RECORDS](#) [DATA ACCESS](#) [GENERAL INFO](#) [HELP](#)

SAM.gov will be down for a scheduled maintenance window Saturday 09/12/2015 from 8:00 AM to 12:00 PM (EDT)

Search Results

Your search results represent the broadest set of records that match your criteria. You may get entity registration records that are still in progress or have been submitted, but not yet activated. Check the record status of each result and use the Search Filters to narrow your results. Of note, some entities have chosen to opt out of public display. Even if they are registered in SAM, you will not see their entity registration records in a public search. You can only see those if you are logged in as a Federal Government user. If you want to perform a new search, be sure to use the **Clear Search** button to restore your results. If you have a SAM user account and are logged in, you can use the **Save Search** button to run your current search again at a later time. Important: [Don't forget to save your search results.](#)

Current Search Terms: enterprise* uniform* Co.*

TOTAL RECORDS: 0
Results: page 0 of 0

Sort By: Modified Date Order: Descending

FILTER RESULTS No records found for current search.

By Record Status

☒ Active

☐ Inactive

By Functional Area

☐ Entity Management

☐ Performance Information

Search Filters

Entity

Company

Search Filters

By Record Status

By Functional Area Entity Management

By Functional Area Performance Information

Done

Internet | Protected Mode On

12/14 PM 10/1/2015



ENTERPRISE UNIFORM COMPANY

11/16/15

2862 EAST GRAND BOULEVARD • DETROIT, MICHIGAN 48202
PHONE: (313) 871-4667 • FAX: (313) 871-8319

Yolanda Gaines
Procurement Specialist
Office of Contracting & Procurement
CAYMC
Two Woodward Ave., Ste. 1008
Det., MI. 48226

Ms. Gaines,

Please accept this written notice that we, Enterprise Uniform Co. would like to extend contract #2874673 for Detroit Police and Detroit Fire uniforms under the same pricing, terms and conditions expiring June 30, 2016.

If you have any questions or concerns please do not hesitate to call or email.

Thank You,

A handwritten signature in black ink, appearing to read 'Lynne Burgess-Holmes', written over a horizontal line.

Lynne Burgess-Holmes
President, Enterprise Uniform Co.



CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION
1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313-224-4600
FAX 313-224-4374

IF THIS PURCHASE ORDER
DOES NOT AGREE WITH THE
BID YOU SUBMITTED,
PLEASE CONTACT THE
PURCHASING DIVISION.

Purchase Order

PURCHASE ORDER NO. REVISION PAGE

2874673 9 1

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

see release for actual agenc
Detroit, MI 48226
United States

BILL TO

Coleman A Young Municipal Ce
2 Woodward Avenue
Ste 642
Detroit, MI 48226
United States

SUPPLIER

ENTERPRISE UNIFORM
2862 E GRAND BLVD
DETROIT, MI 48202

SUPPLIER NO.	DATE OF ORDER/BUYER	REVISED DATE/BUYER
1013051	11-JAN-13 M Butler	07-JAN-16 Y Gaines
PAYMENT TERMS	SHIP VIA	F.O.B.
Net 30	Lowest Cost Carrier	Delivered
FREIGHT TERMS	REQUESTOR/DELIVER TO	CONFIRM TO / TELEPHONE
Account of Seller		L BURGESS (313) 871-4667

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	This Formal Purchase Order was completed in accordance with Department request.						
	FURNISH: UNIFORMS AND ACCESSORIES FOR THE DETROIT POLICE AND FIRE DEPARTMENTS UNTIL 6/30/2016.						
	EXTENSION OF TIME: 12/31/2015 - 06/30/2016 AN ADDITIONAL 400,000 WAS ADDED TO CONTRACT						
	CC Approved: 01/12/2016						
	The individual responsible for accepting performance under this Purchase Order and whom payment should be requested is Jesse Uduma for the Detroit Fire Department, who may be reached at 313 596-2997.						
	The individual responsible for accepting performance under this Purchase Order and whom payment should be requested is Allison Phillips for the Detroit Police Department, who may be reached at 313 596-1924.						
	TERMS: Net 30 days						
	Prices are firm.						
	A valid invoice meets the following requirements: Vendor Information: Full name of business, Federal Identification Number, unique invoice number, date of invoice, reference to City of Detroit purchase order number, part of item number (as referenced in the purchase order)						

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION • THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE • NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT • ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION • WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT • CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE • PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION • THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

Total 1,296,000.00

DocuSigned by:

Boysie Jackson

E7BD9F26E53A4D0...

1/21/2016

PURCHASING DIRECTOR'S SIGNATURE
NOT VALID WITHOUT AUTHORIZED SIGNATURE
CC Approval Date 1/12/2016



CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION
1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313-224-4600
FAX 313-224-4374

IF THIS PURCHASE ORDER
DOES NOT AGREE WITH THE
BID YOU SUBMITTED,
PLEASE CONTACT THE
PURCHASING DIVISION.

Purchase Order

PURCHASE ORDER NO. 2874673 REVISION 9 PAGE 2

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

see release for actual agent
Detroit, MI 48226
United States

BILL TO

Coleman A Young Municipal Ce
2 Woodward Avenue
Ste 642
Detroit, MI 48226
United States

SUPPLIER

ENTERPRISE UNIFORM
2862 E GRAND BLVD
DETROIT, MI 48202

SUPPLIER NO.	1013051	DATE OF ORDER/BUYER	11-JAN-13 M Butler	REVISED DATE/BUYER	07-JAN-16 Y Gaines
PAYMENT TERMS	Net 30	SHIP VIA	Lowest Cost Carrier	F.O.B.	Delivered
FREIGHT TERMS	Account of seller	REQUESTOR/DELIVER TO		CONFIRM TO / TELEPHONE	L BURGESS (313) 871-4667

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	<p>Quantity and Pricing Information: Description of goods or services, part or item number (as referenced in the purchase order), quantity of goods or services provided, unit price of goods or services provided, part or item subtotal (quantity * unit cost), discount terms (if applicable)</p> <p>Delivery Information: Location and date of delivery of goods or services provided, delivery terms (as referenced in the purchase order agreement)</p> <p>INVOICING: All invoices submitted against the contract must include part or item numbers and part or item description, list price, and applicable discount. Items not properly invoiced will not be paid. It is the vendor's responsibility to ensure delivery of invoice(s) to the proper City Dept/Div/Personnel. Invoices must meet the following conditions for payment: a) Price on invoice must correspond to the pricing listed on purchase order and/or contract. b) Contractor must submit price lists in accordance with bid requirements. c) Original invoice must be submitted to the appropriate City of Detroit Account's Payable Section. d) Copy of invoice must be submitted to the department personnel identified on the purchase order as being responsible for processing payment. If a department contact person is not listed on the purchase order the vendor shall request in writing, from the Purchasing Division the name and phone number of the contact person responsible for processing payment.</p> <p>TERMINATION OF CONTRACT: The City reserves the absolute right to terminate this contract in whole or in part for the convenience of the City at its sole discretion on thirty (30) days written notice to the vendor. At any time during the contract the</p>						

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION. THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE. NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT. ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION. WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT. CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE. PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION. THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

Total 2,296,000.00

DocuSigned by:

Boysie Jackson

E7BD9F26E53A4D0...

1/21/2016

PURCHASING DIRECTOR'S SIGNATURE
NOT VALID WITHOUT AUTHORIZED SIGNATURE



CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION
1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313-224-4600
FAX 313-224-4374

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DOES NOT AGREE WITH THE
BID YOU SUBMITTED,
PLEASE CONTACT THE
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Purchase Order

PURCHASE ORDER NO. REVISION PAGE

2874673 9 3

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

see release for actual agent
Detroit, MI 48226
United States

BILL TO

Coleman A Young Municipal Ce
2 Woodward Avenue
Ste 642
Detroit, MI 48226
United States

SUPPLIER

ENTERPRISE UNIFORM
2862 E GRAND BLVD
DETROIT, MI 48202

SUPPLIER NO.	DATE OF ORDER/BUYER	REVISED DATE/BUYER
1013051	11-JAN-13 M Butler	07-JAN-16 Y Gaines
PAYMENT TERMS	SHIP VIA	F.O.B.
Net 30	Lowest Cost Carrier	Delivered
FREIGHT TERMS	REQUESTOR/DELIVER TO	CONFIRM TO / TELEPHONE
Account of Seller		L BURGESS (313) 871-4667

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	City may terminate the agreement for reason of poor or deficient work performance, inability of the Contractor to supply trained competent technicians, or lack of service as described in this agreement by giving a 10-calendar day notice in writing. EITHER party may terminate the agreement by giving a 30- calendar day written notice to terminate. Purchase Agreement Effective From: 31-OCT-13 To: 30-JUN-16 Amount Agreed: 1,296,000.00						

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION • THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE • NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT • ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION • WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT • CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE • PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION • THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

Total 1,296,000.00

DocuSigned by:

Boysie Jackson

1/21/2016

E7BD9F26E53A4D0...

PURCHASING DIRECTOR'S SIGNATURE
NOT VALID WITHOUT AUTHORIZED SIGNATURE

City Council Contract Agenda Items Review Checklist

Reviewer: (purchasing agent sign here)

Date Received: 00/00/2014

Date: 09/09/15

Department Police Fire

Division: Fire Fighting and EMS

Dept Head/Contact Person: Edsel Jenkins Phone No.: 313-596-2901

Description: Time extension of uniform contract with Enterprise

brief explanation of function or need of the goods/services

Contract No.: 2874673 PO Type: Prof Svc-CPO Est. Value:

Contract Term (if applicable): October 1, 2015 December 31, 2015

896,000.00

Funding: City 100% State % Federal % Other: %

(Documentation must be furnished by the Dept. if anything other than City funding)

Recommended Supplier: ENTERPRISE UNIFORM Required Date: 11/18/2014

1000-240110-000087-623100-00715-000000-A1510

1. The business being awarded is renewal-time extension If a renewal, provide justification for renewal: Additional time needed for new city wide uniform contract bidding and award

2. Was the product or service competitively bid? ☐ Yes ☒ No
Attach Copy of Bid Tabulation/Evaluation score sheets as needed
If the answer to #2 is "NO" explain why there was no competition: time extension only

3. Was a Co-Operative Agreement Considered? ☐ Yes ☒ No Co-Operative Name: _____
If answer to #3 is "No" explain why a Co-Op was not considered: Time extension only

4. Were savings achieved?
☐ Yes Amount \$ _____ ☒ No

5. Does this agreement represent an increase?
☐ Variance in unit price only (Current unit price \$0.00 Proposed Unit Price \$0.00)

X Change in amount/volume of the good or service to be used. **Contract extension for three months.**

6. Does the supplier currently provide other goods and services to the City? Yes **X** No
If yes please list: _____

7. Is this good/service used by other departments? **X** Yes No
If "yes" can this Req/PAR be combined other department requirements? **X** Yes No

8. Is this a service that can be performed by City employees? ☐ Yes **X** No
Is this a service that City employees can be trained to do? ☐ Yes **X** No

NOTES:

Buyer: 

a. Excluded Parties List / Supplier Award Management Website Reviewed? **(Yes)**/No _____

☐

PLACE ON EMERGENCY MANAGER AGENDA

☐

PLACE ON CITY COUNCIL AGENDA

☐

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: 

(Department)

DATE: 09/09/2015

INFORMATION PROVIDED BY: Debra Brawley

TITLE: General Manager

PHONE: 313-596-2904



BID TABULATION

ASSUMPTIONS		Supplier 1			ASSUMPTIONS		Supplier 2			ASSUMPTIONS		Supplier 3		
D-BB's		Enterprise Uniforms 2862 East Grand Blvd. Detroit, MI 48202			D-BB's					D-BB's				
D-RB's					D-RB's					D-RB's				
D-BB's w/HQ in Detroit					D-BB's w/HQ in Detroit					D-BB's w/HQ in Detroit				
D-BSB's					D-BSB's					D-BSB's				
D-BMBC					D-BMBC					D-BMBC				
Joint Venture					Joint Venture					Joint Venture				
Mentor Venture					Mentor Venture					Mentor Venture				
UNITS	UNIT PRICE				UNITS	UNIT PRICE				UNITS	UNIT PRICE			
Shirts, long sle, 14-17 1/2	\$55.95													
Shirts, long sle, 18-21 1/2	\$63.95													
Shirts, long sle, 22-22 1/2	\$66.95													
Shirts, Short sle, 14-17 1/2	\$52.95													
Shirts, Short sle, 18-21 1/2	\$59.95													
Shirts, Short sle, 22-22 1/2	\$69.95													
Crown Hats	\$42.95													
Purchase order TOTAL	\$412.65				Purchase order TOTAL	\$0.00				Purchase order TOTAL	\$0.00			
UP TO \$10,000.00	\$20.63				UP TO \$10,000.00	\$0.00				UP TO \$10,000.00	\$0.00			
\$10,000.01-\$100,000.00	\$0.00				\$10,000.01-\$100,000.00	\$0.00				\$10,000.01-\$100,000.00	\$0.00			
\$100,000.01-\$500,000.00	\$0.00				\$100,000.01-\$500,000.00	\$0.00				\$100,000.01-\$500,000.00	\$0.00			
\$500,000.01 AND OVER	\$0.00				\$500,000.01 AND OVER	\$0.00				\$500,000.01 AND OVER	\$0.00			
D-RB's	\$0.00				D-RB's	\$0.00				D-RB's	\$0.00			
D-BB's w/HQ in Detroit	\$0.00				D-BB's w/HQ in Detroit	\$0.00				D-BB's w/HQ in Detroit	\$0.00			
D-BSB's	\$0.00				D-BSB's	\$0.00				D-BSB's	\$0.00			
D-BMBC	\$0.00				D-BMBC	\$0.00				D-BMBC	\$0.00			
Joint Venture	\$0.00				Joint Venture	\$0.00				Joint Venture	\$0.00			
Mentor Venture	\$0.00				Mentor Venture	\$0.00				Mentor Venture	\$0.00			
BID TABULATION GRAND TOTAL:	\$412.65				BID TABULATION GRAND TOTAL:	\$0.00				BID TABULATION GRAND TOTAL:	\$0.00			

This bid tab is to show the price per item only.

2241741


10:03:06 a.m. 12-09-2014

1/1

Oct 15 2014 9:17PM ENTERPRISE UNIFORM CO

3138718319

P. 3

 **REQUEST FOR INCOME TAX CLEARANCE**

REQUESTING DEPARTMENT/DEPARTMENT: PURCHASING

EMAIL ADDRESS: gaines@detritumigov

CONTACT NAME: YOLANDA GAINES PHONE: 313-871-4667 FAX: 313-871-8319

Type of Clearance: ☐ New ☒ Renewal (Please submit 30 days prior to submitting bid or expiration date)

A. Tax
City of Detroit
Economic Tax Division
Columbus A. Young Municipal Center
1 Woodward Avenue, Ste. 511
Detroit, MI 48226
Phone (313) 224-3328 or 224-3329
Fax (313) 224-4998

For:
Individual or
Company Name: ENTERPRISE UNIFORM CO.
Address: 2862 E. GRAND BLVD.
DET., MI. 48202
City: DETROIT
State: MICHIGAN Zip Code: 48202
Telephone: 313-871-4667 Fax: 313-871-8319
E-mail Address: ENTERPRISEUNIFORM@GMAIL.COM

B. Name of Chief Financial Officer/Authorized Contact Person.
(Include address if different from above)
Lynne Burgess-Holmes
Employee Identification or Social Security Number
38-2211610
Telephone: 313/871-4667
Fax: 313/871-8319
Employer Social Security Number
2874673

Name of Contract: POLICE UNIFORMS
2874673
BID CONTRACT AMOUNT (Amount)
Labor: \$ 5000.00 Materials: \$ 45,000.00
Contract # (if known): 2874673

C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE.

Check One: ☐ Individual ☒ Corporation ☐ Partnership ☐ Estate & Trust

INDIVIDUALS ANSWER QUESTIONS 1-4

- Have you filed joint returns with spouse during the last seven (7) years? (If yes, include spouse SSN above) ☐ Yes ☐ No
- Are you a student, and/or claimed as a dependent on a someone else's tax return? ☐ Yes ☐ No
- Were you employed during the last seven (7) years? ☐ Yes ☐ No
- Were you a resident of Detroit during the last seven (7) years? ☐ Yes ☐ No

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5-7

- Is the company a new business in Detroit? If yes, attach Employer Registration (Form 0015-0). ☐ Yes ☒ No
- Will the company have employees working in Detroit? ☒ Yes ☐ No
- Will the company use sub-contractors or independent contractors in Detroit? ☐ Yes ☒ No

D. **FOR INCOME TAX USE ONLY**

Has the contractor complied with the provisions of the City Income Tax Ordinance?
☒ Yes ☐ No

LOCHETIA JENNINGS Date: OCT 27 2014 OCT 27 2015
INCOME TAX INVESTIGATOR
Signature: _____ Date: _____ Expires: _____
Signature: _____ Date: _____ Expires: _____

To check the status of a clearance, please call (313) 224-3328 or (313) 224-3329
VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT www.detroitmi.gov

NOTE: An approved Income Tax Clearance may be used to win a city wide department that requires a bid.

CITY OF DETROIT

ACCOUNTS RECEIVABLE CLEARANCE APPLICATION
2 WOODWARD AVENUE, SUITE 105, COLEMAN A YOUNG MUNICIPAL CENTER
REVENUE COLLECTIONS UNIT (313) 224-4087 / FAX: 224-4238 / RevenueCollections@DetroitMi.gov

☐ SECTION A: ☐ BUSINESS LICENSE ☐ BUDGET ☐ CITY COUNCIL ☐ DDOT ☐ DPW ☐ FINANCE ☐ FIRE ☐ HEALTH
☐ HUMAN RIGHTS ☐ LAW ☐ MAYOR ☐ OMBUDSMAN ☐ PLANNING & DEVELOPMENT ☐ POLICE ☐ PURCHASING
☐ RECREATION ☐ WATER & SEWAGE ☐ OTHER

ADDRESS OF DEPARTMENT _____
DATE SENT _____ CONTACT PERSON _____
PHONE NUMBER _____ FAX NUMBER _____ EMAIL _____
CONTRACT AMOUNT \$ _____

XXX SECTION B: CORPORATION

LICENSE TYPE CONTRACT RENEWAL

CORPORATION NAME ENTERPRISE UNIFORM CO.

ADDRESS 2862 E. GRAND BLVD. CITY/STATE/ZIP DET., MI. 48202 ☒ OWN ☐ LEASE

CITY PERSONAL PROPERTY NUMBER 03990285.00 FID / EIN NUMBER 38-2211610

OTHER CITY-OWNED PROPERTY PARCELS _____

CONTACT PERSON LYNNE BURGESS-HOLMES PHONE NUMBER 313/ 871-4667 EMAIL ADDRESS enterpriseuniform@gmail.com

☐ SECTION C: PARTNERSHIP

LICENSE TYPE _____

BUSINESS NAME _____
BUSINESS ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE
CITY PERSONAL PROPERTY NUMBER _____ FID / EIN NUMBER _____

A: PARTNER'S NAME _____ PHONE NUMBER _____

HOME ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE

DRIVER'S LICENSE # _____ OTHER CITY-OWNED PROPERTY PARCELS _____

B. PARTNER'S NAME _____ PHONE NUMBER _____

HOME ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE

DRIVER'S LICENSE # _____ OTHER CITY-OWNED PROPERTY PARCELS _____

CONTACT PERSON _____ PHONE NUMBER _____ EMAIL ADDRESS _____

☐ SECTION D: SOLE PROPRIETORSHIP

LICENSE TYPE _____

BUSINESS NAME _____
BUSINESS ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE
CITY PERSONAL PROPERTY NUMBER _____ FID / EIN NUMBER _____

OWNER'S NAME _____ DRIVER'S LICENSE # _____ PHONE NUMBER _____

HOME ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE

OTHER CITY-OWNED PROPERTY PARCELS _____

EMAIL ADDRESS _____

☐ SECTION E: PERSONAL SERVICES

NAME _____ ADDRESS _____ ☐ OWN ☐ LEASE
CITY/STATE/ZIP _____

PHONE NUMBER _____ DRIVER LICENSE # _____

OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT _____

SOCIAL SECURITY NUMBER _____ EMAIL ADDRESS _____

FOR TREASURY COLLECTION USE ONLY:

☒ APPROVED ☐ DENIED

SIGNATURE

DATE

SEP 03 2015

DENIED WITH ATTACHMENTS

CLEARANCE VALID UNTIL

JAN 15 2016

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

REVISED 7-12-2012

COVENANT OF EQUAL OPPORTUNITY

(Application for Clearance – Terms Enforced After Contract is Awarded)

I, being duly authorized representative of the Enterprise Uniform Co. (hereinafter "Contractor"), am hereby authorized to enter into a Covenant of Equal Opportunity, (hereinafter "Covenant") with the City of Detroit, ("hereinafter" City); obligating the Contractor and all sub-contractors not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his/her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression; except as otherwise exempted under City Code, Ordinance No. 27-2-12.

Contractor will ensure that the City of Detroit Human Rights Department shall receive notification of all potential sub-contractors and a copy of their Covenant prior to the commencement of work on any City of Detroit contract. Contractor further agrees that the City of Detroit reserves the right to require additional information prior to, during, and at any time after the Covenant is fully executed.

Furthermore, Contractor agrees that this Covenant is valid for the life of the contract and/or for a specified period of time as indicated below and that a breach of this Covenant shall be deemed a material breach of contract and be subject to damages pursuant to City Code, Ordinance No. 27-3-2, Section (e).

RFQ / PO No.: (if applicable) 2874673

Duration of Covenant 6 MONTHS

Printed Name of Contractor/Organization ENTERPRISE UNIFORM CO.
(Type or Print Legibly)

Contractor Address: DETROIT MI 48202
(City) (State) (Zip)

Contractor Phone/E-mail 313/ 871-4667 enterpriseuniform@gmail.com

Printed Name & Title of Authorized Representative LYNNE BURGESS-HOLMES

Signature of Authorized Representative *Lynne Burgess-Holmes*

Date 8/28/15

*** This document **MUST** be notarized ***

Signature of Notary: *Riley Dortch*

Printed Name of Seal of Notary: RILEY DORTCH

My Commission Expires: / /

RILEY DORTCH
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Sep 14, 2021
ACTING IN COUNTY OF Wayne

FOR CONTRACTING DEPARTMENT USE ONLY:

Date Rec'd: / /

Received by: Title:

Please fax a copy of the notarized Covenant and Award Letter to the Human Rights Department (313) 224-3434



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/31/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Buhl Insurance A Daly Merritt Company 3701 West Road Trenton MI 48183		CONTACT NAME: SBU REP/PC PHONE (A/C No. Ext): (734) 676-0100 FAX (A/C No): (734) 676-1159 E-MAIL ADDRESS:																									
INSURED ENTERPRISE UNIFORM INC 2862 E GRAND BLVD DETROIT MI 48202-3130		INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A</td><td>Harleysville Lake States Ins</td><td>NAIC #</td><td>14516</td></tr><tr><td>INSURER B</td><td>Accident Fund General</td><td>12304</td><td></td></tr><tr><td>INSURER C</td><td></td><td></td><td></td></tr><tr><td>INSURER D</td><td></td><td></td><td></td></tr><tr><td>INSURER E</td><td></td><td></td><td></td></tr><tr><td>INSURER F</td><td></td><td></td><td></td></tr></table>		INSURER A	Harleysville Lake States Ins	NAIC #	14516	INSURER B	Accident Fund General	12304		INSURER C				INSURER D				INSURER E				INSURER F			
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INSURER B	Accident Fund General	12304																									
INSURER C																											
INSURER D																											
INSURER E																											
INSURER F																											

COVERAGES

CERTIFICATE NUMBER: CL1583109899

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																				
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR			BOP00000070976B	5/16/2015	5/16/2016	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COM/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COM/OP AGG	\$ 2,000,000		\$						
	EACH OCCURRENCE	\$ 1,000,000																									
	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000																									
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	\$																										
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC																										
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$										
COMBINED SINGLE LIMIT (Ea accident)	\$																										
BODILY INJURY (Per person)	\$																										
BODILY INJURY (Per accident)	\$																										
PROPERTY DAMAGE (Per accident)	\$																										
	\$																										
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 1,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	AGGREGATE	\$ 1,000,000		\$														
	EACH OCCURRENCE	\$ 1,000,000																									
AGGREGATE	\$ 1,000,000																										
	\$																										
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 CLAIMS-MADE			CMB00000041078K	5/16/2015	5/16/2016																					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (If yes, describe under DESCRIPTION OF OPERATIONS below)	Y/N	N/A	WCV0314621	5/16/2015	5/16/2016	<table border="1"><tr><td>WC STATUTORY LIMITS</td><td>OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>500,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>500,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>500,000</td></tr></table>	WC STATUTORY LIMITS	OTH-ER		E.L. EACH ACCIDENT	\$	500,000	E.L. DISEASE - EA EMPLOYEE	\$	500,000	E.L. DISEASE - POLICY LIMIT	\$	500,000								
WC STATUTORY LIMITS	OTH-ER																										
E.L. EACH ACCIDENT	\$	500,000																									
E.L. DISEASE - EA EMPLOYEE	\$	500,000																									
E.L. DISEASE - POLICY LIMIT	\$	500,000																									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holders are additional insured with respects to the General Liability to the extent provided in form # BP04500106.

CERTIFICATE HOLDER

CANCELLATION

City of Detroit
Detroit Police and Detroit Fire Departmen
1301 Third Avenue
Detroit, MI 48226

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Benjamin Brown/BBROWN

ACORD 25 (2010/05)

INS025 (201005) 01

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Hiring Policy Compliance Affidavit

I, LYNNE BURGESS-HOLMES, being duly sworn, state that I am the _____
PRESIDENT of ENTERPRISE UNIFORM CO.
Title Name of Bidder Corporation or Other Business Entity

and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18-5-81 through 18-5-86 thereof. I further affirm that this employer will not inquire or consider the criminal convictions of applicants for employment needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted, until such times as the employer interviews the applicant or determines that the applicant is qualified.

In support of this affidavit, I attach a copy of the application form that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

SIGNED,

Lynne Burgess-Holmes
Title: PRESIDENT Date: 8/28/15

STATE OF MICHIGAN)
COUNTY OF WAYNE) SS

The foregoing Affidavit was acknowledged before me the 31ST day of AUGUST, 2015,
by _____.

Notary Public, County of Wayne

State of Michigan

My commission expires: SEP 14, 2021

RILEY DORTCH
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Sep 14, 2021
ACTING IN COUNTY OF Wayne



ENTERPRISE UNIFORM COMPANY

2862 EAST GRAND BOULEVARD • DETROIT, MICHIGAN 48202

PHONE: (313) 871-4667 • FAX: (313) 871-8319

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		DATE _____	
PRESENT ADDRESS		CITY	STATE
PERMANENT ADDRESS		CITY	STATE
PHONE NO. ()		SOCIAL SECURITY NO. _____	
REFERRED BY		ZIP CODE	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: ENTERPRISE UNIFORM CO.
2. Address of Contractor: 2862 E. GRAND BLVD.
DET., MI. 48202

3. Name of Predecessor Entities (if any): -0-

4. Prior Affidavit submission? No X Yes, on: 11-18-14
(Date of prior submission)

If "No", complete Items 5 and 6.

If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.

5. Contractor was established in (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.

 Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.

 Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in the attached document(s).

6. I declare that the representations made in this Affidavit are accurate to the best of my knowledge and are based upon a diligent search of records in the Contractor's possession or knowledge. All documentation attached to this Affidavit reflects full disclosure of all records that are required to be disclosed to the City of Detroit. I also acknowledge that any failure to conduct a diligent search, or to make a full and complete disclosure, shall render this contract voidable by the City of Detroit.

LYNNE BURGESS-HOLMES (Printed Name) PRESIDENT (Title)

Lynne Burgess-Holmes (Signature) 8/28/15 (Date)

Subscribed and sworn to before me
this 31 day of AUGUST

2015

Notary Public, Wayne County, Michigan
My Commission expires: Sept 14, 2021

RILEY DORTCH
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Sept 14, 2021
ACTING IN COUNTY OF Wayne


Search Results: System for Award Management - Windows Internet Explorer

General Search Administration (US) | Log Out

File Edit View Favorites Tools Help

http://binacapture21504... http://binacapture21504... Oracle Applications 11i Search Results: System...

View assistance for Search Results

 **SAM**
System for Award Management

[Search Results](#)

[HOME](#) [SEARCH RECORDS](#) [DATA ACCESS](#) [GENERAL INFO](#) [HELP](#)

▲ SAM.gov will be down for a scheduled maintenance window Saturday 06/12/2015 from 8:00 AM to 12:00 PM (EDT)

Search Results

Your search results represent the broadest set of records that match your criteria. You may get entity registration records that are still in progress or have been submitted, but not yet activated. Check the record status of each result and use the Search Filters to narrow your results. Or, note, some entities have chosen to opt out of public display. Even if they are registered in SAM, you will not see their entity registration records in a public search. You can only see them if you are logged in as a Federal Government user. If you want to perform a new search, be sure to use the Clear Search button to remove your results. If you have a SAM user account and are logged in, you can use the Save Search button to run your current search again at a later time. [Important message regarding excluded search hits](#)

Current Search Terms: enterprise* uniforms* Co.*

TOTAL RESULTS: 0
Result page 0 of 0

Sort By: Modified Date Order By: Descending

FILTER RESULTS No records found for current search.

By Record Status
☒ Active
☒ Inactive

By Functional Area
☒ Entity Management
☒ Performance Information

Summary
Search Results
Entity
Exclusion
Search Filter
By Record Status
By Functional Area - Entity Management
By Functional Area - Performance Information

Done

Internet | Protected Mode On 105% 2:04 PM 6/12/2015



ENTERPRISE UNIFORM COMPANY

8/31/15

2862 EAST GRAND BOULEVARD • DETROIT, MICHIGAN 48202
PHONE: (313) 871-4667 • FAX: (313) 871-8319

Yolanda Gaines
Procurement Specialist
Office of Contracting & Procurement
CAYMC
Two Woodward Ave., Ste. 1008
Det., MI. 48226

Ms. Gaines,

Please accept this written notice that we, Enterprise Uniform Co. would like to extend contract #2874673 for Detroit Police and Detroit Fire uniforms under the same pricing, terms and conditions for a 6 month period expiring 12/31/15 per your request.

If you have any questions or concerns please do not hesitate to call or email.

Thank You,

A handwritten signature in black ink, appearing to read 'Lynne Burgess-Holmes'. The signature is fluid and cursive, with the first name 'Lynne' being more prominent.

Lynne Burgess-Holmes
President, Enterprise Uniform Co.



CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION
1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313-224-4600
FAX 313-224-4374

IF THIS PURCHASE ORDER
DOES NOT AGREE WITH THE
BID YOU SUBMITTED,
PLEASE CONTACT THE
PURCHASING DIVISION.

Purchase Order

PURCHASE ORDER NO. REVISION PAGE

2874673 6 1

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

see release for actual agenc
Detroit, MI 48226
United States

BILL TO

Coleman A Young Municipal Ce
2 Woodward Avenue
Ste 642
Detroit, MI 48226
United States

SUPPLIER

ENTERPRISE UNIFORM
2862 E GRAND BLVD
DETROIT, MI 48202

SUPPLIER NO.	1013051	DATE OF ORDER/BUYER	11-JAN-13 M Butler	REVISED DATE/BUYER	04-JUN-15 Y Gaines
PAYMENT TERMS	Net 30	SHIP VIA	Lowest Cost Carrier	F.O.B.	Delivered
FREIGHT TERMS	Account of seller	REQUESTOR/DELIVER TO		CONFIRM TO / TELEPHONE	L BURGESS (313) 871-4666

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	<p>FURNISH: UNIFORMS AND ACCESSORIES FOR THE DETROIT POLICE AND FIRE DEPARTMENTS, FOR ONE-YEAR, WITH TWO ONE-YEAR RENEWAL OPTIONS, FOR THE DETROIT POLICE DEPARTMENT, IN ACCORDANCE WITH YOUR ACCEPTED QUOTE.</p> <p>FRC Approved Increase: May 18, 2015 CC Approved Increase: April 28, 2015 CC Approved: March 17, 2015</p> <p>The individual responsible for accepting performance under this Purchase Order and whom payment should be requested is Debra Brawley for the Detroit Fire Department, who may be reached at 313 596-2904..</p> <p>The individual responsible for accepting performance under this Purchase Order and whom payment should be requested is Tina Tolliver for the Detroit Police Department, who may be reached at 313 596-5494.</p> <p>TERMS: Net 30 days</p> <p>Prices are firm.</p> <p>A valid invoice meets the following requirements: Vendor Information: Full name of business, Federal Identification Number, unique invoice number, date of invoice, reference to City of Detroit purchase order number, part of item number (as referenced in the purchase order)</p> <p>Quantity and Pricing Information: Description of goods or services, part or item number (as referenced in the purchase order), quantity of goods or</p>						
Total						896,000.00	

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION • THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE • NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT • ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION • WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT • CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE • PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION • THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

Boypie Jackson

PURCHASING DIRECTOR'S SIGNATURE
NOT VALID WITHOUT AUTHORIZED SIGNATURE



CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION
1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313-224-4600
FAX 313-224-4374

IF THIS PURCHASE ORDER
DOES NOT AGREE WITH THE
BID YOU SUBMITTED,
PLEASE CONTACT THE
PURCHASING DIVISION.

Purchase Order

PURCHASE ORDER NO. REVISION PAGE

2874673 6 2

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

see release for actual agency
Detroit, MI 48226
United States

BILL TO

Coleman A Young Municipal Ce
2 Woodward Avenue
Ste 642
Detroit, MI 48226
United States

SUPPLIER

ENTERPRISE UNIFORM
2862 E GRAND BLVD
DETROIT, MI 48202

SUPPLIER NO.

1013051

DATE OF ORDER/BUYER

11-JAN-13 M Butler

REVISED DATE/BUYER

04-JUN-15 Y Gaines

PAYMENT TERMS

Net 30

SHIP VIA

Lowest Cost Carrier

F.O.B.

Delivered

FREIGHT TERMS

Account of Seller

REQUESTOR/DELIVER TO

CONFIRM TO / TELEPHONE

L BURGESS (313) 871-4666

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	services provided, unit price of goods or services provided, part or item subtotal (quantity * unit cost), discount terms (if applicable)						
	Delivery Information: Location and date of delivery of goods or services provided, delivery terms (as referenced in the purchase order agreement)						
	INVOICING: All invoices submitted against the contract must include part or item numbers and part or item description, list price, and applicable discount. Items not properly invoiced will not be paid. It is the vendor's responsibility to ensure delivery of invoice(s) to the proper City Dept/Div/Personnel. Invoices must meet the following conditions for payment: a) Price on invoice must correspond to the pricing listed on purchase order and/or contract. b) Contractor must submit price lists in accordance with bid requirements. c) Original invoice must be submitted to the appropriate City of Detroit Account's Payable Section. d) Copy of invoice must be submitted to the department personnel identified on the purchase order as being responsible for processing payment. If a department contact person is not listed on the purchase order the vendor shall request in writing, from the Purchasing Division the name and phone number of the contact person responsible for processing payment.						
	TERMINATION OF CONTRACT: The City reserves the absolute right to terminate this contract in whole or in part for the convenience of the City at its sole discretion on thirty (30) days written notice to the vendor. At any time during the contract the City may terminate the agreement for reason of poor or deficient work performance, inability of the Contractor to supply trained competent						

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION. THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE. NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT. ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION. WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT. CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE. PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION. THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

Total

896,000.00

PURCHASING DIRECTOR'S SIGNATURE
NOT VALID WITHOUT AUTHORIZED SIGNATURE



CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION
1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313-224-4600
FAX 313-224-4374

IF THIS PURCHASE ORDER
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BID YOU SUBMITTED,
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Purchase Order

PURCHASE ORDER NO. REVISION PAGE

2874673 6 3

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SHIP TO

see release for actual agency
Detroit, MI 48226
United States

BILL TO

Coleman A Young Municipal Ce
2 Woodward Avenue
Ste 642
Detroit, MI 48226
United States

SUPPLIER

ENTERPRISE UNIFORM
2862 E GRAND BLVD
DETROIT, MI 48202

SUPPLIER NO.	1013051	DATE OF ORDER/BUYER	11-JAN-13 M Butler	REVISED DATE/BUYER	04-JUN-15 Y Gaines
PAYMENT TERMS	Net 30	SHIP VIA	Lowest Cost Carrier	F.O.B.	Delivered
FREIGHT TERMS	Account of Seller	REQUESTOR/DELIVER TO		CONFIRM TO / TELEPHONE	L BURGESS (313) 871-4666

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	technicians, or lack of service as described in this agreement by giving a 10-calendar day notice in writing. EITHER party may terminate the agreement by giving a 30- calendar day written notice to terminate. Purchase Agreement Effective From: 31-OCT-13 To: 30-SEP-15				Amount Agreed:	896,000.00	

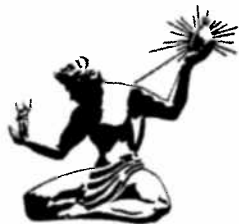
CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE
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EXACTLY WITH WRITTEN DESCRIPTION • WHEN SHIPPED VIA COMMON CARRIER, MAIL
SHIPPING NOTICE DIRECTLY TO RECEIVING POINT • CASH TERMS DATE FROM RECEIPT AND
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EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

Total

896,000.00

Boysie Jackson

PURCHASING DIRECTOR'S SIGNATURE
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CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION
1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313-224-4600
FAX 313-224-4374

IF THIS PURCHASE ORDER
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BID YOU SUBMITTED,
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Purchase Order

PURCHASE ORDER NO. 2874673 REVISION 8 PAGE 1

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SHIP TO

see release for actual agency
Detroit, MI 48226
United States

BILL TO

Coleman A Young Municipal Ce
2 Woodward Avenue
Ste 642
Detroit, MI 48226
United States

SUPPLIER

ENTERPRISE UNIFORM
2862 E GRAND BLVD
DETROIT, MI 48202

SUPPLIER NO.	1013051	DATE OF ORDER/BUYER	11-JAN-13 M Butler	REVISED DATE/BUYER	02-NOV-15 Y Gaines
PAYMENT TERMS	Net 30	SHIP VIA	Lowest Cost Carrier	F.O.B.	Delivered
FREIGHT TERMS	Account of Seller	REQUESTOR/DELIVER TO		CONFIRM TO / TELEPHONE	L BURGESS (313) 871-4667

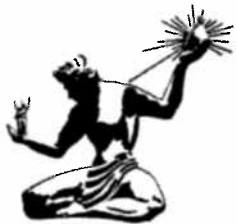
LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	This Formal Purchase Order was completed in accordance with Department request.						
	FURNISH: UNIFORMS AND ACCESSORIES FOR THE DETROIT POLICE AND FIRE DEPARTMENTS UNTIL 12/31/2015.						
	EXTENSION OF TIME: 10/1/2015 - 12/31/2015						
	CC Approved Time Extension: October 13, 2015						
	FRC Approved Time Extension: October 26, 2015						
	FRC Approved Increase: May 18, 2015						
	CC Approved Increase: April 28, 2015						
	CC Approved: March 17, 2015						
	The individual responsible for accepting performance under this Purchase Order and whom payment should be requested is Debra Brawley for the Detroit Fire Department, who may be reached at 313 596-2904..						
	The individual responsible for accepting performance under this Purchase Order and whom payment should be requested is Tina Tolliver for the Detroit Police Department, who may be reached at 313 596-5494.						
	TERMS: Net 30 days						
	Prices are firm.						

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION. THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE. NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT. ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION. WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT. CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE. PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION. THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

Total

896,000.00

PURCHASING DIRECTOR'S SIGNATURE
NOT VALID WITHOUT AUTHORIZED SIGNATURE



CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION
1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313-224-4600
FAX 313-224-4374

IF THIS PURCHASE ORDER
DOES NOT AGREE WITH THE
BID YOU SUBMITTED,
PLEASE CONTACT THE
PURCHASING DIVISION.

Purchase Order

PURCHASE ORDER NO. REVISION PAGE

2874673 8 2

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

see release for actual agent
Detroit, MI 48226
United States

BILL TO

Coleman A Young Municipal Ce
2 Woodward Avenue
Ste 642
Detroit, MI 48226
United States

SUPPLIER

ENTERPRISE UNIFORM
2862 E GRAND BLVD
DETROIT, MI 48202

SUPPLIER NO.	DATE OF ORDER/BUYER	REVISED DATE/BUYER
1013051	11-JAN-13 M Butler	02-NOV-15 Y Gaines
PAYMENT TERMS	SHIP VIA	F.O.B.
Net 30	Lowest Cost Carrier	Delivered
FREIGHT TERMS	REQUESTOR/DELIVER TO	CONFIRM TO / TELEPHONE
Account of seller		L BURGESS (313) 871-4667

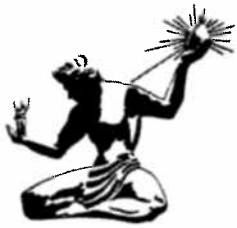
LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	<p>A valid invoice meets the following requirements:</p> <p>Vendor Information: Full name of business, Federal Identification Number, unique invoice number, date of invoice, reference to City of Detroit purchase order number, part of item number (as referenced in the purchase order)</p> <p>Quantity and Pricing Information: Description of goods or services, part or item number (as referenced in the purchase order), quantity of goods or services provided, unit price of goods or services provided, part or item subtotal (quantity * unit cost), discount terms (if applicable)</p> <p>Delivery Information: Location and date of delivery of goods or services provided, delivery terms (as referenced in the purchase order agreement)</p> <p>INVOICING:</p> <p>All invoices submitted against the contract must include part or item numbers and part or item description, list price, and applicable discount. Items not properly invoiced will not be paid. It is the vendor's responsibility to ensure delivery of invoice(s) to the proper City Dept/Div/Personnel. Invoices must meet the following conditions for payment:</p> <p>a) Price on invoice must correspond to the pricing listed on purchase order and/or contract.</p> <p>b) Contractor must submit price lists in accordance with bid requirements.</p> <p>c) Original invoice must be submitted to the appropriate City of Detroit Account's Payable Section.</p> <p>d) Copy of invoice must be submitted to the department personnel identified on the purchase order as being responsible for processing payment. If a department contact person is not listed on the purchase order the vendor shall request in writing, from the Purchasing Division the name and phone</p>						

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION • THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE • NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT • ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION • WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT • CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE • PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION • THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

Total 896,000.00

Byrne Jack

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CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION
1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313-224-4600
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SUPPLIER

ENTERPRISE UNIFORM
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PAYMENT TERMS	SHIP VIA	F.O.B.
Net 30	Lowest Cost Carrier	Delivered
FREIGHT TERMS	REQUESTOR/DELIVER TO	CONFIRM TO / TELEPHONE
Account of seller		L BURGESS (313) 871-4667

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	number of the contact person responsible for processing payment.						
	TERMINATION OF CONTRACT: The City reserves the absolute right to terminate this contract in whole or in part for the convenience of the City at its sole discretion on thirty (30) days written notice to the vendor. At any time during the contract the City may terminate the agreement for reason of poor or deficient work performance, inability of the Contractor to supply trained competent technicians, or lack of service as described in this agreement by giving a 10-calendar day notice in writing. EITHER party may terminate the agreement by giving a 30- calendar day written notice to terminate.						
	Purchase Agreement Effective From: 31-OCT-13 To: 31-DEC-15				Amount Agreed:	896,000.00	

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Total

896,000.00

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Office of Contracting and Procurement
Contracts and Purchase Orders Received, Considered at Regular Session
of October 13, 2015

Page 2

*The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of October 13, 2015 and **APPROVED***

Reported by the Planning and Economic Development Committee:

2913036	ClearCorp / SEMHA	\$510,000	PLAN & DEVELOPMT.
Submitted in the List and Referred October 6, 2015			

Reported by the Public Health and Safety Committee:

2914129,MiDeal	Detroit Salt	\$3,157,830	PUBLIC WORKS
Submitted in the List and Referred September 29, 2015.			

2874673,Ext. to 12-30-15	Enterprise Uniforms	+ \$0 to \$896,000	POLICE & FIRE
Submitted in the List and Referred October 6, 2015.			

2914870,MiDeal	Detroit Salt	\$43,184	TRANSPORTATION
Submitted as Special Letter and Referred October 6, 2015.			

LLO-00415	Lloyd Hanton (Chaplain)	\$14,876	FIRE
Submitted in the List for Oct. 13, 2015; Moved to New Business; Approved with <i>WAIVER</i> .			

2911396	Qualified Abatement	\$41,615	BUILD.SAFE.ENGIN.ENVIRON.
Submitted in the List and Referred July 28, 2014; Approved. as No. 2865739 for \$40,782 on Sept. 22, 2015; Change in Contract No., dates and cost submitted as Special Letter for Oct. 13, 2015; Moved to New Business.			

Office of Contracting and Procurement
Contracts and Purchase Orders Received, Considered at Regular Session
of October 13, 2015

Page 3

*The following contracts were **REFERRED** on October 13, 2015 to the indicated Standing Committee for consideration and report to the City Council.*

Referred to Budget, Finance and Audit Committee:

No Contracts Referred

Referred to Internal Operations Committee:

87073,Ext.	Hagar Marcella Davis	GENERAL SERVICES
2890503,Amend.1	Health Management Syst.	HUMAN RESOURCES
2909514	The Allen Group	LAW
2913161	Dykema Gossett	LAW

Referred to Neighborhood and Community Services Committee:

No Contracts Referred

Referred to Planning and Economic Development Committee:

2895769,Amend.1	Neighborhood Legal Serv.	PLANNING & DEVELOPMT.
2911480	GS Group	PLANNING & DEVELOPMT.

Correction to No. 2911480 Referred

Referred to Public Health and Safety Committee:

2888789,Amend.1	Wayne State Univ.	POLICE
2876966,Amend.1	Det.Build.Authority	POLICE
2902713	Michigan Joint Sealing	PUBLIC WORKS
2913189	Ft.Wayne / Ajax Paving jt.vent.	PUBLIC WORKS

Office of Contracting and Procurement
Contracts and Purchase Orders Received, Considered at Regular Session
of October 13, 2015

Page 4

The following are contracts that are currently HELD for review, discussion or report to the Standing Committees:

Budget, Finance and Audit Committee:

2904969, Purch. Incr. BD Transport + \$252,000 to \$956,000 CITY-WIDE
Increase for Police Dept. Submitted in the List and Referred on Oct. 6, 2015.

Neighborhood and Community Services Committee:

87284 Ronald Lee Brown (Coca-Cola Troop) \$4,800 RECREATION
Submitted in the List and Referred September 29, 2015.

87382 Craig Sultana (Coca-Cola Troop) \$2,400 RECREATION
Submitted in the List and Referred September 29, 2015; Approved in Comm. 10-8

Planning and Economic Development Committee:

2896965, Amend.1 Heat and Warmth Fund (THAW) + \$100,000 to \$347,589.40 PLAN & DEVELOPT
Submitted in the List and Referred June 16, 2015; Waiting for Law Opinion on Ethics question

Detroit City Council

Legislative Policy Division

TO: Office of Contracting and Procurement Staff
FROM: David Teeter
DATE: October 13, 2015

RE: **PURCHASING ITEMS APPROVED BY THE CITY COUNCIL**

There were no contracts, approved at the October 6, 2015 Session, requested to be Reconsidered.

*The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of October 13, 2015 and **APPROVED***

Reported by the Finance, Budget and Audit Committee:

No Contracts Reported

Reported by the Internal Operations Committee:

2908624,Confirm.Requist.	G4s Secure Solutions	\$41,135	GENERAL SERVICE
Submitted in the List and Referred on October 6, 2015.			
2914201,MiDeal	Detroit Salt	\$75,000	GENERAL SERVICE
Submitted as Special Letter and Referred on October 6, 2015.			
LES-00389	Leslie Howard Ellison	\$44,928	GENERAL SERVICE
Submitted in the List and Referred on October 6, 2015, with amendment to beginning date.			
DEB-00399	Deborah Goldstein (Hist.Designa)	\$32,500	CITY COUNCIL
Submitted in the List for Oct. 13, 2015; Placed on Consent Agenda; Approved with <i>WAIVER</i> .			
WIL-00524	Willie Donwell II (Ayers)	\$4,802	CITY COUNCIL
Submitted in the List for Oct. 13, 2015; Placed on Consent Agenda; Approved with <i>WAIVER</i> .			
ALY-00452	Alyssa Avila (Castaneda-Lopez)	\$1,000	CITY COUNCIL
Submitted in the List for Oct. 13, 2015; Amendment to termination date Moved to New Business; Approved with <i>WAIVER</i> .			
86907,Amend.1	Darren Craddieth	+ \$840 to \$37,950	ELECTIONS
Submitted in the List for Oct. 13, 2015; Moved to New Business.			

Reported by the Neighborhood and Community Services Committee:

No Contracts Reported

City Council Contract Agenda Items Review Checklist

Reviewer: (purchasing agent sign here)

Date Received: 00/00/2014

Date: 09/09/15

Department Police Fire

Division: Fire Fighting and EMS

Dept Head/Contact Person: Edsel Jenkins Phone No.: 313-596-2901

Description: Time extension of uniform contract with Enterprise

brief explanation of function or need of the goods/services

Contract No.: 2874673 PO Type: Prof Svc-CPO Est. Value: 3

Contract Term (if applicable): October 1, 2015 December 31, 2015

896,000.00

Funding: City 100% State % Federal % Other: %

(Documentation must be furnished by the Dept. if anything other than City funding)

Recommended Supplier: ENTERPRISE UNIFORM Required Date: 11/18/2014

1000-240110-000087-623100-00715-000000-A1510

1. The business being awarded is renewal-time extension If a renewal, provide justification for renewal: Additional time needed for new city wide uniform contract bidding and award

2. Was the product or service competitively bid? ☐ Yes ☒ No

Attach Copy of Bid Tabulation/Evaluation score sheets as needed

If the answer to #2 is "NO" explain why there was no competition: time extension only

3. Was a Co-Operative Agreement Considered? ☐ Yes ☒ No Co-Operative Name: _____

If answer to #3 is "No" explain why a Co-Op was not considered: Time extension only

4. Were savings achieved?

☐ Yes Amount \$ _____

☒ No

5. Does this agreement represent an increase?

☐ Variance in unit price only (Current unit price \$0.00 Proposed Unit Price \$0.00)

X Change in amount/volume of the good or service to be used. Contract extension for three months.

6. Does the supplier currently provide other goods and services to the City? Yes **X** No

If yes please list: _____

7. Is this good/service used by other departments? **X** Yes No

If "yes" can this Req/PAR be combined other department requirements? **X** Yes No

8. Is this a service that can be performed by City employees? ☐ Yes **X** No

Is this a service that City employees can be trained to do? ☐ Yes **X** No

NOTES:

Buyer: *[Signature]*

a. Excluded Parties List / Supplier Award Management Website Reviewed? **Yes** / No _____

☐

PLACE ON EMERGENCY MANAGER AGENDA

☐

PLACE ON CITY COUNCIL AGENDA

☐

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: *[Signature]*

(Department)

DATE: 09/09/2015

INFORMATION PROVIDED BY: Debra Brawley

TITLE: General Manager

PHONE: 313-596-2904



This bid tab is to show the price per item only.

2241741

10:03:06 a.m. 12-09-2014

1/1

Oct 15 2014 9:17PM

ENTERPRISE UNIFORM CO

3138718319

P. 3

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DEPT: PURCHASING

EMAIL ADDRESS: gs@nesve@detroitmi.gov

CONTACT NAME: YOLANDA GALKES PHONE: 224-4612 FAX: 628-1160

Type of Clearance: ☐ New ☒ Renewal (Please attach 90 days prior to submitting 1040 or corporation return)

A. City of Detroit
 Internal Tax Division
 Coleman A. Young Municipal Center
 1 Woodward Avenue, Rm. 611
 Detroit, MI 48226
 Phone: (313) 224-3328 or 224-3329
 Fax: (313) 224-0888

Person/Individual or
 Company Name: ENTERPRISE UNIFORM CO.
 Address: 2862 N. GRAND BLVD.
DET., MI. 48202
 City: DETROIT
 State: MICHIGAN Zip Code: 48202
 Telephone: 313- 871-4667 Fax: 313- 871-8319
 E-mail Address: enteruniform1form@gmail.com

B. Name of Chief Financial Officer/Authorized Contact Person
 (Include address if different from above)
Lynne Burgess-Holmes
 Telephone: 313/ 871-4667
 Fax: 313/ 871-8319
 Employer Identification or Social Security Number: 38-2211610
 Epsilon Social Security Number: _____

Number of Contracts: POLICE UNIFORMS
2874673
 BID CONTRACT AMOUNT (if known)
 Labor: 5000.00 Materials: 45,000.00
 Contract # (if known): 2874673

C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED MAY RESULT IN A DELAY OF INCOME TAX CLEARANCE.

Check One: ☐ Individual ☒ Corporation ☐ Partnership ☐ Estate & Trust

INDIVIDUALS ANSWER QUESTIONS 1-3, 4.

- Have you filed joint returns with spouse during the last seven (7) years? (If yes, include spouse SSN above) ☐ Yes ☐ No
- Are you a student, son/daughter or a dependent of a married couple's tax return? ☐ Yes ☐ No
- Were you employed during the last seven (7) years? ☐ Yes ☐ No
- Were you a recipient of Detroit during the last seven (7) years? ☐ Yes ☐ No

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5-7.

- Is the company a new business in Detroit? If yes, attach Employer Registration (Form CDS-6). ☐ Yes ☒ No
- Will the company have employees working in Detroit? ☒ Yes ☐ No
- Will the company use sub-contractors or independent contractors in Detroit? ☐ Yes ☒ No

D. **FOR INCOME TAX USE ONLY**

Has the contractor complied with the provisions of the City Income Tax Ordinance?
☒ Yes ☐ No

Signature: LOCHETIA JENNINGS Date: OCT 27 2014 Expires: OCT 27 2015
 Signature: _____ Date: _____ Expires: _____
 Signature: _____ Date: _____ Expires: _____

To check the status of a clearance, please call (313) 224-3328 or (313) 224-3329
 VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT www.detroitmi.gov

NOTE: An approved Income Tax Clearance may be used to fulfill city wide requirements that require a bid.

CITY OF DETROIT

ACCOUNTS RECEIVABLE CLEARANCE APPLICATION
2 WOODWARD AVENUE, SUITE 105, COLEMAN A YOUNG MUNICIPAL CENTER
REVENUE COLLECTIONS UNIT (313) 224-4087 / FAX: 224-4238 / RevenueCollections@DetroitMi.gov

☐ SECTION A: ☐ BUSINESS LICENSE ☐ BUDGET ☐ CITY COUNCIL ☐ DDOT ☐ DPW ☐ FINANCE ☐ FIRE ☐ HEALTH
☐ HUMAN RIGHTS ☐ LAW ☐ MAYOR ☐ OMBUDSMAN ☐ PLANNING & DEVELOPMENT ☐ POLICE ☐ PURCHASING
☐ RECREATION ☐ WATER & SEWAGE ☐ OTHER

ADDRESS OF DEPARTMENT _____
DATE SENT _____ CONTACT PERSON _____
PHONE NUMBER _____ FAX NUMBER _____ EMAIL _____
CONTRACT AMOUNT \$ _____

☒ SECTION B: CORPORATION

LICENSE TYPE **CONTRACT RENEWAL**

CORPORATION NAME **ENTERPRISE UNIFORM CO.**

ADDRESS **2862 E. GRAND BLVD.** CITY/STATE/ZIP **DET., MI. 48202** ☒ OWN ☐ LEASE

CITY PERSONAL PROPERTY NUMBER **03990285.00**

FID / EIN NUMBER **38-2211610**

OTHER CITY-OWNED PROPERTY PARCELS _____

CONTACT PERSON **LYNNE BURGESS-HOLMES** PHONE NUMBER **313/ 871-4667** EMAIL ADDRESS **enterpriseuniform@gmail.com**

☐ SECTION C: PARTNERSHIP

LICENSE TYPE _____

BUSINESS NAME _____
BUSINESS ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE

CITY PERSONAL PROPERTY NUMBER _____ FID / EIN NUMBER _____

A: PARTNER'S NAME _____ PHONE NUMBER _____

HOME ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE

DRIVER'S LICENSE # _____ OTHER CITY-OWNED PROPERTY PARCELS _____

B. PARTNER'S NAME _____ PHONE NUMBER _____

HOME ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE

DRIVER'S LICENSE # _____ OTHER CITY-OWNED PROPERTY PARCELS _____

CONTACT PERSON _____ PHONE NUMBER _____ EMAIL ADDRESS _____

☐ SECTION D: SOLE PROPRIETORSHIP

LICENSE TYPE _____

BUSINESS NAME _____

BUSINESS ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE

CITY PERSONAL PROPERTY NUMBER _____ FID / EIN NUMBER _____

OWNER'S NAME _____ DRIVER'S LICENSE # _____ PHONE NUMBER _____

HOME ADDRESS _____ CITY/STATE/ZIP _____ ☐ OWN ☐ LEASE

OTHER CITY-OWNED PROPERTY PARCELS _____

EMAIL ADDRESS _____

☐ SECTION E: PERSONAL SERVICES

NAME _____ ADDRESS _____ ☐ OWN ☐ LEASE

CITY/STATE/ZIP _____ PHONE NUMBER _____ DRIVER LICENSE # _____

OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT _____

SOCIAL SECURITY NUMBER _____ EMAIL ADDRESS _____

FOR TREASURY COLLECTION USE ONLY:

APPROVED _____ DENIED _____

SIGNATURE _____ DATE _____

SEP 03 2015

DENIED WITH ATTACHMENTS

CLEARANCE VALID UNTIL _____

JAN 15 2016

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

REVISED 7-12-2012
COVENANT OF EQUAL OPPORTUNITY
(Application for Clearance – Terms Enforced After Contract is Awarded)

I, being duly authorized representative of the Enterprise Uniform, (hereinafter "Contractor"), am hereby authorized to enter into a Covenant of Equal Opportunity, (hereinafter "Covenant") with the City of Detroit, ("hereinafter" City); obligating the Contractor and all sub-contractors not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his/her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression; except as otherwise exempted under City Code, Ordinance No. 27-2-12.

Contractor will ensure that the City of Detroit Human Rights Department shall receive notification of all potential sub-contractors and a copy of their Covenant prior to the commencement of work on any City of Detroit contract. Contractor further agrees that the City of Detroit reserves the right to require additional information prior to, during, and at any time after the Covenant is fully executed.

Furthermore, Contractor agrees that this Covenant is valid for the life of the contract and/or for a specified period of time as indicated below and that a breach of this Covenant shall be deemed a material breach of contract and be subject to damages pursuant to City Code, Ordinance No. 27-3-2, Section (e).

RFQ / PO No.: (if applicable) 2874673

Duration of Covenant 6 MONTHS

Printed Name of Contractor/Organization ENTERPRISE UNIFORM CO.
(Type or Print Legibly)

Contractor Address: DETROIT MI 48202
(City) (State) (Zip)

Contractor Phone/E-mail 313/ 871-4667 enterpriseuniform@gmail.com

Printed Name & Title of Authorized Representative LYNNE BURGESS-HOLMES

Signature of Authorized Representative *Lynne Burgess-Holmes*

Date 8/28/15

*** This document MUST be notarized ***

Signature of Notary: *Riley Dortch*

Printed Name of Seal of Notary: RILEY DORTCH

My Commission Expires: / /

RILEY DORTCH
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Sep 14, 2021
ACTING IN COUNTY OF Wayne

FOR CONTRACTING DEPARTMENT USE ONLY:

Date Rec'd: / / Received by: Title:

Please fax a copy of the notarized Covenant and Award Letter to the Human Rights Department (313) 224-3434



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/31/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Buhl Insurance A Daly Merritt Company 3701 West Road Trenton MI 48183		CONTACT SBU REP/PC NAME: PHONE (A/C No. Ext.): (734) 676-0100 FAX (A/C No.): (734) 676-1159 E-MAIL: ADDRESS:	
INSURED ENTERPRISE UNIFORM INC 2862 E GRAND BLVD DETROIT MI 48202-3130		INSURER(S) AFFORDING COVERAGE INSURER A: Harleysville Lake States Ins NAIC # 14516 INSURER B: Accident Fund General NAIC # 12304 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL1583109899

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		BOP00000070976B	5/16/2015	5/16/2016	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COM/OP AGG \$ 2,000,000
	<input type="checkbox"/> ANY AUTO					
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		CMB00000041078K	5/16/2015	5/16/2016	EACH OCCURRENCE \$ 1,000,000
						AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				WC STATUTORY LIMITS OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WCV0314621	5/16/2015	5/16/2016	E.L. EACH ACCIDENT \$ 500,000
						E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holders are additional insured with respects to the General Liability to the extent provided in form # BP04500106.

CERTIFICATE HOLDER

CANCELLATION

City of Detroit
Detroit Police and Detroit Fire Department
1301 Third Avenue
Detroit, MI 48226

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Benjamin Brown/BBROWN

ACORD 25 (2010/05)

INS025 (2010/05) 01

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Hiring Policy Compliance Affidavit

I, LYNNE BURGESS-HOLMES, being duly sworn, state that I am the _____
PRESIDENT of ENTERPRISE UNIFORM CO.
Title Name of Bidder Corporation or Other Business Entity

and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18-5-81 through 18-5-86 thereof. I further affirm that this employer will not inquire or consider the criminal convictions of applicants for employment needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted, until such times as the employer interviews the applicant or determines that the applicant is qualified.

In support of this affidavit, I attach a copy of the application form that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

SIGNED,

Lynne Burgess-Holmes
Title: PRESIDENT Date: 8/28/15

STATE OF MICHIGAN)
COUNTY OF WAYNE) SS

The foregoing Affidavit was acknowledged before me the 31ST day of AUGUST, 2015,
by _____.

Notary Public, County of Wayne

State of Michigan

My commission expires: SEP 14, 2021

RILEY DORTCH
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Sep 14, 2021
NOTING IN COUNTY OF Wayne



ENTERPRISE UNIFORM COMPANY

2862 EAST GRAND BOULEVARD • DETROIT, MICHIGAN 48202

PHONE: (313) 871-4667 • FAX: (313) 871-8319

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		DATE	
PRESENT ADDRESS		CITY	STATE
PERMANENT ADDRESS		CITY	STATE
PHONE NO. ()		REFERRED BY	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: ENTERPRISE UNIFORM CO.
2. Address of Contractor: 2862 E. GRAND BLVD.
DET., MI. 48202
3. Name of Predecessor Entities (if any): -0-
4. Prior Affidavit submission? No ☒ Yes, on: 11-18-14
(Date of prior submission)

If "No", complete Items 5 and 6.

If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.

5. Contractor was established in (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.
- Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.
- Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in the attached document(s).
6. I declare that the representations made in this Affidavit are accurate to the best of my knowledge and are based upon a diligent search of records in the Contractor's possession or knowledge. All documentation attached to this Affidavit reflects full disclosure of all records that are required to be disclosed to the City of Detroit. I also acknowledge that any failure to conduct a diligent search, or to make a full and complete disclosure, shall render this contract voidable by the City of Detroit.

LYNNE BURGESS-HOLMES (Printed Name) PRESIDENT (Title)
Lynne Burgess-Holmes (Signature) 8/28/15 (Date)

Subscribed and sworn to before me
this 31 day of AUGUST
2015

Notary Public, Wayne County, Michigan
My Commission expires: Sept 14, 2021

RILEY DORTCH
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES SEP 14 2021
ACTING IN COUNTY OF Wayne



ENTERPRISE UNIFORM COMPANY

8/31/15

2862 EAST GRAND BOULEVARD • DETROIT, MICHIGAN 48202
PHONE: (313) 871-4667 • FAX: (313) 871-8319

Yolanda Gaines
Procurement Specialist
Office of Contracting & Procurement
CAYMC
Two Woodward Ave., Ste. 1008
Det., MI. 48226

Ms. Gaines,

Please accept this written notice that we, Enterprise Uniform Co. would like to extend contract #2874673 for Detroit Police and Detroit Fire uniforms under the same pricing, terms and conditions for a 6 month period expiring 12/31/15 per your request.

If you have any questions or concerns please do not hesitate to call or email.

Thank You,

A handwritten signature in black ink, appearing to read 'Lynne Burgess-Holmes', written over the printed name.

Lynne Burgess-Holmes
President, Enterprise Uniform Co.